

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Compassionate Transportation, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 249 - 385 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) D. D. Washington

Submitted by:

Telephone:

803-873-8124

Address: 1105 Parliament Lake Drive

Fax:

803-731-5343

Columbia, SC 29223

Other:

Email: mycompassion@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED
DEC 18 2019

PSC SC
CLERK'S OFFICE

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: November 11, 2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. **Compassionate Transportation, LLC**

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1105 Parliament Lake Drive

Street Address of Applicant

P.O. Box 25815, Columbia, SC 29224

Mailing Address of Applicant (if different from street address)

803-873-8124

Phone

803-731-5343

Fax

mycompassion@att.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Attached

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

see attached

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Compassionate Transportation, LLC

1105 Parliament Lake Drive

Columbia, SC 29223

To Janice Schmieding

The Officers of the LLC are two (2) listed below.

- 1) D D Washington: President
1105 Parliament Lake Drive
Columbia, SC 29223**
- 2) Harvey Washington: Vice President
2243 Central Avenue
Fairlawn, NJ 07410**

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	200,000	Mortgage/Loan on Real Estate	75,000
Value of Motor Vehicles	11,000	Loans Owed on Motor Vehicles	10,500
Cash on Hand	3,000	Business/Other Loans Owed	
Cash in Bank	13,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	200	Total Liabilities	85,000 ✓
Total Assets	227,200 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$3- \$8 per mile

After 10 miles \$1.10- \$1.50 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
ISUZU	2002 Trooper	JACDS58X427J02212		
NISSAN	2010 Frontier	1N6BD0CT7AC427224		

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For Roadside Assistance: 800-531-8555

Report a claim, get coverage and deductible information, request a tow from the accident scene, ~~schedule an appraisal~~ or reserve a rental car using:

- usaa.com,
- USAA's Mobile App, or
- By calling 210-531-USAA (8722), our mobile phone shortcut number #8722 or 800-531-USAA.

Automobile Insurance Identification Card

This identification card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident, or upon a law enforcement officer's request.

FSC1 Rev. 06-13

50814-0513 _ 03



9800 Fredericksburg Road
San Antonio, Texas 78288

18600

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

The coverage provided by this policy meets the South Carolina minimum financial responsibility requirements prescribed by law. KEEP A COPY OF THE ID CARD IN YOUR VEHICLE AT ALL TIMES. Examine policy exclusions carefully.

Insurance Company Name
USAA GENERAL INDEMNITY COMPANY

Name
IDA R WASHINGTON
D D WASHINGTON

Policy Number 01663 59 54G 7101 7

Effective Date 11/21/19

Expiration Date 05/21/20

Year: 2002

* Make/Model: ISUZU

Vehicle Identification Number:
JACDS58X427J02212

CONTACT US: 210-531-USAA(8722)
OR 800-531-USAA

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My Auto Insurance Policy (SC) | USAA

https://www.usaa.com/inet/gas_pc_pas/CyMemberAutoHistoryServ

Car Replacement Assistance

[Learn More](#)

2002 ISUZU TROOPER 4D

VIN: JACDS58X427J02212

Coverage Declined

covered by Liability

2010 NISSAN FRONTIER EXT

VIN: 1N6BD0CT7AC427224

Coverage Declined

covered by Liability

Liability Coverage

Bodily Injury Liability

[Learn More](#)

If you hurt someone in an auto accident,

we'll help pay up to
\$ 100,000/300,000
per person/per accident,Premium
\$ 489.59
per six-month term

Property Damage Liability

[Learn More](#)

If you damage someone else's property in an auto accident,

we'll help pay up to
\$ 100,000
per accidentPremium
\$ 299.57
per six-month term

Injury Coverage

Uninsured Motorists

[Learn More](#)

Coverage Selected

Premium
\$ 69.66
per six-month term

Uninsured Motorists Bodily Injury

[Learn More](#)

If an uninsured driver injures you or your passengers,

we'll help pay up to
\$ 100,000/300,000
per person/per accident

Uninsured Motorists Property Damage

[Learn More](#)

If an uninsured driver damages your vehicle,

we'll help pay up to
\$ 100,000
per accidentyou pay
200 per accident

Underinsured Motorists

[Learn More](#)

Coverage Selected

Premium
\$ 116.94
per six-month term

Underinsured Motorists Bodily Injury

we'll help pay up to
\$ 100,000/300,000

Feedback

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My Auto Insurance Policy (SC) | USAA

https://www.usaa.com/inet/gas_pc_pas/GyMemberAutoHistoryServ

[Learn More](#) per person/per accident

If an underinsured driver injures you or your passengers, we'll help pay up to \$100,000 per accident

Underinsured Motorists Property Damage

[Learn More](#)

If an uninsured driver damages your vehicle,

Personal Injury Protection we'll help pay up to \$1,000 per person

[Learn More](#)

If you or your passengers are injured in an auto accident,

Premium \$70.66 per six-month term

Medical Expenses Coverage Included

[Learn More](#)

Funeral Expenses Coverage Included

[Learn More](#)

Work Loss Benefits Coverage Included

[Learn More](#)

Essential Services Expenses Coverage Included

[Learn More](#)

Additional Personal Injury Protection Coverage Declined

[Learn More](#)

If you or your passengers are injured in an auto accident,

Other Coverage

Accident Forgiveness

[Learn More](#)

Stop a future accident from increasing your premium. This feature applies to only one at-fault accident per policy at a time.

Accident Forgiven

Accident Forgiveness applies to the Apr. 19, 2017 at-fault accident.

Coverage Selected	Premium
	Included

Rental Reimbursement

[Learn More](#)

Pays for a rental vehicle while yours is being repaired due to a covered loss.

[Feedback](#)

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Compassionate Transportation, LLC

Name of Applicant

1105 Parliament Lake Drive, Columbia, SC 29223

Address of Applicant

Amount of Premium:

Liability Insurance \$ 700

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

USAA

Name of Insurance Company

9800 Fredricksburg Rd, San Antonio, TX 78288

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Compassionate Transportation, LLC
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

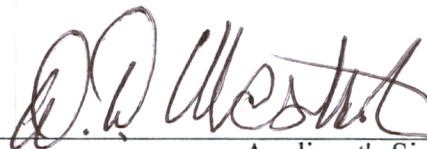
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.


Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



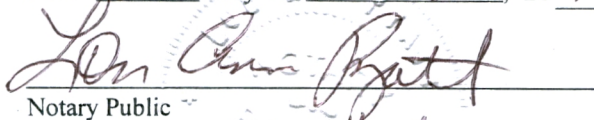
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Lexington)

SWORN TO BEFORE ME

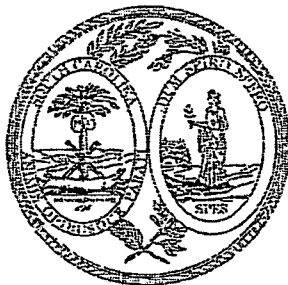
This 8th day of November, 20 19


Notary Public

Commission Expires 4/9/2028

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Compassionate Transportation, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 29th, 2000, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of November, 2019.


Mark Hammond, Secretary of State